

## Domestic Preparedness Equipment Grant

The U.S. Department of Justice has provided the State of Montana with an \$883,000 equipment grant under the State Domestic Preparedness Equipment Program. The State Emergency Response Commission (SERC) has prepared a “Three Year Statewide Domestic Preparedness Strategic Plan (Weapons of Mass Destruction, WMD, Strategic Plan) that was signed by Gov. Martz on Nov. 28, 2001. This strategy is the framework for the disbursement of grant funding. A copy of the WMD Strategic Plan is available upon request.

### Purpose

The purpose of this grant is:

1. To encourage the coordination of responders (law, fire, EMS, public works, public health, and health care facilities) within a county/jurisdiction for preparedness and response to a terrorism or weapons of mass destruction (WMD) incident and
2. To provide specialized equipment to enhance the capability of the State and local agencies to respond to incidents of terrorism involving the use of chemical, biological agents, radiological, and explosive devices (WMD).

The WMD Strategic Plan identifies four objectives, which will be the basis for the grant. The objectives are:

1. Equip jurisdictions with the necessary equipment to offer basic life safety for first responders and the public.
2. Adequately equip response teams to respond to WMD incidents statewide.
3. Establish a system for sustainment and accountability of equipment for response teams.
4. Procure equipment for caches, if approved.

### Application Eligibility

All responder entities are eligible for assistance. The grant applications will only be accepted from the county Local Emergency Planning Committee (LEPC) or Tribal Emergency Response Committee (TERC). Upon approval of the SERC, other county or tribal recognized emergency planning committees or joint county and tribal emergency planning committees may submit an application in lieu of a LEPC or TERC. Applicants **must** communicate and coordinate with all local response entities within their jurisdiction. All funding will be through a reimbursement to the applicant organization.

For application planning, applicants must address the following. This information will be outlined in the grant application and is not to be submitted at this time.

1. Describe how your proposal will accomplish the defined objectives in the WMD strategic plan and how this proposal could fit into the plan geographically.
2. The priorities in your jurisdiction for a WMD/terrorism response.
3. Explain current capabilities in relation to needed capabilities and why this equipment is needed.
4. Show that there is sufficient personnel and training to use the equipment.
5. Explain how the equipment acquired under this grant will be maintained or replaced, if required.
6. Specific equipment, cost, and beneficiary response entity. List on the Equipment Purchase Budget Detail Worksheet.
7. The names of all the response entities within your county or tribe. Signatures of those entities that agree with the application.
8. The applicant must provide the procedures of how the equipment will be purchased and/or distributed.

**\*\*Do not assume that we know your situation or need. Please articulate how the requested equipment will fill the “gaps” in your response capabilities and work toward accomplishing the WMD strategic plan objectives.**

Enclosures: Authorized Equipment List, Grant Time Line, and Equipment Purchase Budget Detail Worksheet

## **Additional Information that will be Included in the Application Package**

### **Financial Procedures**

All funding will be through a reimbursement to the applicant organization. A request for reimbursement memo/letter and a copy of the equipment invoice will be required for reimbursement. Each applicant organization must submit their Federal ID number.

### **Reporting Requirements**

A final report will be due July 30, 2003. This report will address the use of the equipment purchased and if it meets the jurisdictional expectations. This information may assist with equipment functionality for future grants.

### **Administrative Requirements**

Standard Form 424, Application for Federal Assistance  
Standard Form LLL, Disclosure of Lobbying Activities  
OJP Form 4000/3, Assurances  
OJP Form 4061/6, Certifications  
Equipment Coordination Certification  
Non-supplanting Certification

### **Suspension or Termination of Funding**

The State of Montana may suspend or terminate funding, in whole or in part, or other measures may be imposed for any of the following reasons:

1. Failing to comply substantially with the requirements or statutory objectives of the Violent Crime Control and Law Enforcement Act of 1994, program guidelines issued thereunder, or other provisions of federal law.
2. Failing to make satisfactory progress toward the goals or strategies set forth in this application.
3. Failing to follow grant agreement requirements or standard or special conditions.
4. Proposing or implementing substantial plan changes to the extent that, if originally submitted, the application would not have been selected for funding.
5. Failing to submit required reports or reimbursement documents within the defined reimbursement period.
6. Filing a false certification in this application or other report or document.

### **Check-off List**

To encourage the coordination of responders, contact and include the following organizations from your jurisdiction in your application planning process:

Sheriff's Office  
City/Town Police Department  
All rural/volunteer fire departments  
All city/town fire departments  
All EMS providers, both public and private  
Public Health Officials, both city/town and county  
Health Care Facilities such as hospitals and clinics  
Public Works, both city/town and county

## **Domestic Preparedness Equipment Grant**

**Must be postmarked by April 1, 2002**

**To receive an application package, this form must be returned along with the membership of your emergency planning committee and a copy of meeting minutes from the past year.**

\_\_\_\_\_ Yes, please send an application package.

\_\_\_\_\_ No, we are not interested in submitting an application. \*Complete only the following\*.

\*Name of Emergency Planning Committee: \_\_\_\_\_

\*Contact person and address: \_\_\_\_\_

\*Phone number and e-mail address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Grant manager name and address: \_\_\_\_\_

Phone number and e-mail address: \_\_\_\_\_

If you have any questions, please contact Sheri Medow Smith at (406) 841-3969 or [sheris@state.mt.us](mailto:sheris@state.mt.us)

Return to:

Sheri Medow Smith  
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